



SWIM WAIVER STUDENT'S NAME \_\_\_\_\_

In the event of a medical emergency, the undersigned Parent/Guardian of the above named participant, hereby grants authorization to Fitmar Management LLC, Brooklyn Lifestyle Athletic Club "BKLA" and its representatives, to employ any legally licensed physician or healthcare facility and to direct and/or order emergency medical treatment for the above named participant.

I, the undersigned, further agrees that neither BKLA, nor any of its representatives shall be liable under any circumstances to anyone for exercising the foregoing authority in the event of an emergency.

I, the undersigned, as myself, the parent or legal guardian of the child listed on this registration in consideration of the request and permission to participate in BKLA programs, including, but not limited to Swim Lessons, Pool Rentals, and Birthday Parties hereby assume full responsibility for all risks of injury or loss which may result from my son/daughter's participation in this activity and hereby agree to hold harmless, release and forever discharge BKLA, its officers, agents and employees from and waive any and all claims and demands whatsoever which the persons, or damage to or loss or destruction of any property arising or resulting directly or indirectly from my son/daughter's participation in the aforementioned program and occurring during said participation or any time subsequent thereto, save and except that the above provisions shall not be applicable injury to or death of persons, or damage to or loss of property of which is the result of gross negligence or terms of this release shall serve as a release and assumption of risk for my son/daughter, heirs, executors and administrators and for all my family members.

I understand, agree, and acknowledge that there are risks inherent in sporting activities conducted by BKLA including, but not limited to paralyzing injuries, brain injuries, and death. These activities may be of a hazardous nature and include strenuous exercise and vigorous physical activities. With the full understanding of the facts, I state that to the best of my knowledge, my son/daughter listed on this application has no medical, physical, mental or emotional health condition which would hinder or prevent his/her active participation in BKLA's programs.

I also understand that photos are occasionally taken during scheduled activities and that any photo taken of my child may be used for BKLA publicity purposes.

I have read and understood, and I agree with the informed consent and release and the emergency medical authorization outlined above as it relates to my son/daughter.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_